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Family with alcohol problems and the development of children brought up in it

1. The consequences of a lack of close ties and not meeting needs in childhood

One of the main tasks of parents is to present a model of constructive self love and a model of normal relationships with others. The child, immediately after birth and in the first years of life, needs total acceptance and reflection of feelings to feel valued, and unique, which should come from their caretakers.

Meanwhile, the most serious problem of family dysfunctionality is disrupted emotional ties. Of special significance are the neglecting of duties, neglecting of painful interpersonal conflicts within the family, lack of respect for personal boundaries, inability to express feelings, and susceptibility to emotional abuse, or physical abuse, sexual harassment (see e.g.: Conway, 1997).

Dysfunctionality of the family system affects the development of children causing the distortions. Children living in such families are often the victims of the addictions and co-addictions of their relatives. They suffer many physical and emotional damages that often become apparent later in their adult life. There is usually a high risk that these children will suffer later in life due to a variety of emotional problems (see e.g. Woititz, 1994; Ryś, 1992, 2008).

Parents with proper self-esteem and who accept each other can meet their own needs and do not need to use children to gain a sense of power, adequacy or security. Parents with unmet needs live vicariously through the child, so the child becomes a tool through which parents achieve their goals. The child, reduced to an instrument, must renounce the self. This means no tolerance for their own feelings,

desires and needs. This type of parental attitude causes the formation of low self-esteem.

According to Bradshaw (1988) this type of „logic" of thinking is possible through the child's idealization of parents, which is rooted its first years of life when the child is entirely dependent on parental care. This state is maintained for many years and is called the „imaginary relationship". It causes personal shame that may persist throughout one's life.

Living in a home with alcohol problems raises anxiety, guilt and shame. In these situations, children often try to do everything to be safe, as far as it is possible. The price that children pay for the security gained in this way is huge and can last throughout life[1] (Widera-Wysoczańska, 2003, p. 11).

In a family with alcohol problems, in which there is an adverse atmosphere, not only are children's material needs not met, but there is also a lack of satisfaction of emotional needs. In such family, there is a lack of security, and a lack of proper relationships meeting basic needs for love, belonging, understanding and respect.

Meanwhile, according to several studies, one of the basic conditions for normal child development is the fulfillment of psychosocial needs[2], such as: the need for security, love, affection, kindness, the need for frequent contact with parents, as well as for recognition, success and unfettered action[3].

In a family with alcohol problems, often there is a lack of meeting the needs of emotional contact, hence an inability to establish relationships, loneliness, misunderstanding, and love in relationships with others and difficulties in acceptance of ourselves and others occurs. So a lack of love causes later problems in

[1] The basic beliefs are: *„If I do not ask, I will not be rejected", „If I will cope, they will leave me alone", „If I'm careful, nobody will be mad at me".*

[2] Necessity is the main regulator of human behaviour. From needs derive all the other regulators, such as motives or attitudes. Impossibility to meet needs is the cause of the most serious personality disorders (see e.g.: Reykowski, 1987).

[3] The need for emotional contact (love, kindness and warmth of feeling) is present in every period of human development, but particularly strongly manifested during childhood. The attitude of acceptance of the child by the parents fosters satisfying it. Parents show the child interest, care, and above all love, that the child wants to reciprocate. This relationship is thus bilateral. Experiencing kind feelings from the parents, the child feels safe and finds its place in the family. In this way, the need for security is also fulfilled, which is based on emotional contact, and expression of it is a trust of the child. Responding to the need for emotional contact stimulates development achievements and determines the proper development of personality.
The consequence of meeting it in childhood is acceptance of self and others, and the ability and the skill to establish interpersonal contacts (Obuchowski, 1983).

interpersonal relations, particularly in the failure to establish lasting ties and a lack of openness towards others[4].

Constant, close contact of the child with the parents underlies the development of normal emotional ties. However, in a rejected child, a negative „primary I" shapes, and the world for this child is unjust, hostile, and dangerous, and people are untrustworthy. In rejected children, a sense of injustice, passivity and timidity occurs (Zaborowski, 1980, p. 110).

An important need of the child is the need for contact. If the child's first experiences in contact with people who are important, the result will be a source of positive emotions, which the child will seek to maintain. If these relationships become a source of negative experiences, other contacts will arouse fear and insecurity. So, these first family contacts determine interpersonal references for the further life of a man.

It is also important to create conditions conducive to the development of autonomy and responsibility for a child's own conduct, and to provide freedom of action and alignment to developmental age-appropriate stimuli, so there is a possibility of meeting the need for self-actualization, related to the development of the unit as a unique person. Satisfying this need has positive effect on the development of activity, independence and creativity (see, e.g. Ziemska, 1982).

In families with alcohol problems, whether or not these needs are met is often dependent on which role the child takes in the family. For example, most often the *Family Hero* is a very independent, overly responsible, and very active person. However, having unmet needs of love does not lead to the formation of self-esteem. A child acting as a *Scapegoat* is a totally irresponsible person, but this irresponsibility is a part of the tasks of embarked role.

The need for self-actualization is linked to the need for respect, also known as social recognition. Its satisfaction depends on the recognition of the rights of the child by parents and treating the child as a full member of the family. This means respect for the child's individuality and adapting the requirements to abilities of the child, which is an expression of tactful parental behaviour (see, e.g. Przetacznik-Gierowska, Włodarski, 1994).

[4] J. Rembowski (1978, p. 22) relying on research of M. Kalliopuska conducted in an orphan-age, states that the lack of proper contact with the mother negatively affects not only the development of child's relations with the immediate environment, but also the development of the whole „ego "and child's life in the society.

In a family with alcohol problems, there is often a general lack of respect for others. Often, requirements are also not adapted to child's abilities. Either too much is expected from the child, or if this serves current interests of dysfunctional parents, the child is treated in an infantile way (see e.g. Bradshaw, 1988).

Properly meeting the needs for love, acceptance, and respect, leads to the formation of good self-esteem, self-confidence, and faith in one's own strength. A child overly criticized, corrected, or abused, as in the case with dysfunctional parents, will have a tendency towards low self-esteem, a lesser sense of value, and a lack of confidence in one's own strength.

Lack of meeting basic needs in a dysfunctional family, can block the process of a child's development[5].

W. Schutz is the author of an interesting theory concerning the later impact of the level to which childhood needs are met. According to W. Schutz, social functioning of an individual, in particular, depends on satisfying the social needs of: inclusion, control, and love. Out of fear of loneliness and isolation, people seek to establish interaction (the need to be included). People also want, on one hand, to hold the power and dominate in relationships, while at the same time also needing to be controlled (control needs). This commitment is also directed towards deep friendship and emotional attachment (the need for love and affection). According to W. Schutz, interpersonal needs develop during childhood in a decisive manner through the child's contacts with parents, which affect the intensity of their occurrence in the adulthood. The need to be included depends on the acceptance of a child in the family. The degree in which a person attaches importance to control and to concerns over the need for control, as well as the occurrence of the need for affection is dependent on the degree of emotional acceptance or rejection of a child by a parent during childhood (after Niebrzydowski, 1989, p. 228n).

In dysfunctional families, where children's needs are unrecognized, children learn to ignore their own needs and do not acquire the skills to recognize and fulfill these needs (Kucińska, 2002b, p. 41).

Children in families with alcohol problems often experience mixed feelings - although they are unhappy, they feel responsible for the family. Often they want to protect the non-drinking and non-aggressive parent (usually the mother); they also have the feeling that they are the cause of drunkenness and fights. From the

[5] The direction of behaviour of people with unmet needs sets the past instead of present and its severity is dependent on the duration and intensity of frustration.

experience of therapists, it is also clear that these children also seek love and acceptance from the alcohol-dependent parent (Woititz, 1994, p. 43).

In these families, there is often the myth of the father as head of the family (father as a puppet – a straw man). Often, however, the father withdraws from decision-making connected with the family, yet is at the same time afraid of losing his role as the person having authority in the family. In such families, the mother is actually the head of the family, but she also supports the myth of father's power (after Rogala-Obłękowska, 1999).

G. Woititz (1994, p. 39) draws attention to the fact that sons of alcoholics have difficulties in seeing themselves as adults in the future. They simply do not know what a „grown-up man" should be. It follows that alcoholism becomes part of the role of „father", with which the boy identifies.

Thus, in the homes of children of alcoholics, there is no a consistent model of adulthood or model of healthy relationships. The home environment does not provide experiences that enable them to learn to distinguish normal from abnormal behaviour[6]. Their lives are filled with unpredictability and confusion (Miller, Tuchfeld, 1990, p. 143).

Being a child of an alcoholic, as notes K. Borzucka-Sitkiewicz (2006), is synonymous with experiencing many situations that exceed a person's capacity to cope with them. The effects of growing up in an alcoholic family cover all spheres of life, which are even manifested in bio-social terms, and are reflected in such basic activities as sleep, appetite, physiological functions, causing their disturbances[7].

An additional, very frustrating factor, which is a consequence of growing up in a family addicted to alcohol, is a sense of shame of the drinking parent, which characterises the experience of children of alcoholics with colleagues from school and backyard, neighbours, and further family. This condition strongly disorganizes psychological development of a child who often is judged negatively by the environment, mainly due to the image of his or her family (Płeczkan, 1998, p. 320).

[6] Based on the results of studies conducted in Poland, the close relationship between the disorders in the process of social adaptation of the child, and incomplete or disorganized family was proven, especially by the alcoholism of one or both parents. Children from such families are found to have a lesser degree of social maturity; they often have conflicts with family members and teachers, and there was often found the occurrence of deviant behaviours, difficulty in performing social roles in the peer group (Ochmański, 2001).

[7] The diseases that afflict the children of alcoholics are following: a variety of unexplained pain – of head, stomach, nausea, diarrhoea, fatigue, asthma, anaemia, allergies, colds, eating disorders. Also increases their risk of cardiovascular disease, and high blood pressure. They often exhibit an Type A personalities (Widera-Wysoczańska, 2003, p. 16).

S. I. Miller and B. S. Tuchfeld (1990, p. 145) note that children of alcoholics encounter a model in their families, which „reinforces the ambiguity of close relationship".

The rules that govern the life of the child in a family with alcohol problems also determine the way he or she functions in other social groups. A child who constantly feels anxious, insecure, unloved, helpless, isolated, and worthless can neither give himself to others nor receive anything in return, most of all love. Such a child received feelings which turned out to be forged, which came with a sense of guilt, harm, dependence, and manipulation. A man raised in a dysfunctional family knows only such feelings and is able to show only these feelings to others (Gaś, 1993).

2. Process of moulding of self-esteem in people brought up in a dysfunctional family

One of the key issues, to which therapists dealing with persons brought up in families with alcohol problems, draw attention, is low self-esteem; it is, therefore, worthwhile to examine factors shaping low self-esteem to try to grasp the essence of this process. The *concept of self- value* is often treated interchangeably with the concept of self-esteem[8]. Both terms imply a way of thinking about oneself, self evaluation, a consequence of which is the induction of positive emotions (with a high self-esteem) or negative emotions (with low self-esteem) (see e.g. Porębiak, 2005, p. 93).

According to Wojciszke (2003) self-esteem is a human affective response on oneself. Like other affective reactions, it may have the nature of both an intense emotion and a well-thought-out opinion. Self-esteem can be regarded as a relatively constant feature, or as the current state and theme of the subject.

[8] The term self-esteem is defined differently. In American literature, terms such as are used: *self–picture, self–image,* or to emphasize the evaluative aspect of properties associated with the concerned person: *self–esteem, self–appraisal, and self–evaluation, self–rating* (after: Kulas, 1986, p. 13). However, in Polish literature can be found inter alia the following proposals of the description of that term: self-image, concept of oneself, self-concept, structure of „I" (ibid. p. 14). The variety of terms points to the fact that the concept of self-assessment is not easy to clearly define, especially that among psychologists there are different approaches towards its location of the structure of human personality. Some of them include it to one of the elements of self-image (e.g. Niebrzydowski, 1976). J. Kozielecki (1986) treats self-esteem („real I"), in addition to self-report and personal standards („perfect I"), as one of the elements of self-knowledge. According to him self-evaluation is a kind of self-evaluative court and relates to specific characteristics of the individual, such as physical characteristics, personality traits, relationships with other people.

Kofta and Doliński (2001, p. 579) describe self-esteem as a self-evaluation, which may have different levels of generalization: from assessments relating to particular aspects of the self (e.g. intelligence, physical attractiveness, sense of humour, interpersonal competences), to the so-called „general self-esteem" or „global", which is a comprehensive assessment of each other.

The main source of information a child learns about him or herself is the family, especially parents. From the moment of birth, they determine who the child is, evaluate behaviour, shaping self-esteem and building an emotional relationship to them. This person's future understanding of him or herself and the world is largely conditioned by the emotional climate of early life (Kon, 1987).

An improper relationship with a child in a dysfunctional family, experiencing constantly negative feelings such as shame, helplessness, anxiety, fear, guilt, anger, and aggression lead to difficulties in adulthood with experiencing and expressing oneself. Later in life, these people are afraid to lose their „self" in close emotional relationships, are also afraid to reveal painful fears and issues, such as a perceived lack of attractiveness or and fear of abandonment.

These persons are very vulnerable to any emotional injury, have a sense of low value, a negative attitude towards themselves, and are afraid to reveal their own feelings, needs, and expectations; they may fear to propensity to express anger, they may express marginal propensities for over-responsibility - or they flee from it, they may have an excessive sense of loyalty. These are people living with feelings of inadequacy and isolation from people.

The experiences gained from living in a dysfunctional family are lasting and difficult, and make building constructive relationships with other people in life difficult. In adulthood, these people have feelings of guilt when they do something for themselves. These children, once they are adults, exhibit a number of defensive attitudes associated with injuries they experienced in the family, and they also experience a fear of having feelings. The wide range of emotional reactions, behaviour patterns, and difficulties in relationships with others causes such a strong analysis of the painful past that the current reality is experienced and assessed inadequately. An unloved and unaccepted child may shape the image of himself as someone „overlooked" and worthless (see e.g. Agryle, 1991; Niebrzydowski, 1976; Siek, 1986)[9].

[9] The research of A. Jakubik and E. Zegarowicz (1998) shows that adolescent daughters of men with alcohol dependence are characterized by a lower level of self-assessment compared with the

Many studies on the factors affecting one's own self-image show that interpersonal reactions in the family have the greatest impact on a child's self-image, especially the acceptance of the child, respecting its rights and clearly defined limitations (after Januszewska, 1994)[10].

According to Bradshaw (1988), dysfunctional parents, having no contact with their own true „selves" and not accepting themselves, do not create opportunities for the child to learn to love him or herself or to form normal contacts with other people. Instead, the child is taught various forms of false love, resulting from the weak, incomplete „ego".

Self-evaluation is a part of the structure of „I", which over the years has become increasingly complex and more accurately reflects the self-image. Hence, capturing the dynamics of its formation appears to be particularly important when analyzing the subsequent changes in interactions of Adult Children of Alcoholics.

Sztander (1993) points out that shaping a positive identity, consisting of self acceptance is impossible in the dysfunctional family. The emotional atmosphere in a dysfunctional family focuses on shame, grief, anger, fear, guilt, and hurt. Everyone holds a grudge against themselves and each other, there is lack of acceptance, and of a positive and realistic perception of everyone's own problems.

In an atmosphere of tension, lack of sensitivity, and risk, any symptom of interest, even negative, are valuable for the child. According to D. Reilly (1978) – it is the mechanism that, in emotionally disturbed families, a strong reinforcement for inappropriate behaviours occurs. In dysfunctional families, family members have feelings of alienation and rejection. Therefore, they control the expression of emotion, regardless of whether they are negative or positive. The expression of negative emotions (e.g. anger or hostility) induces fear and guilt. But also, expression of positive emotions raises the fear of rejection.

According to Mellody (1993, p. 80) a dysfunctional family is not able to instil in the child proper self-esteem. Parents unconsciously exert pressure on the child to disassociate from natural needs and desires; they do not encourage the child

daughters of not biased men, they exhibit significantly higher sense of external locus of control, and they differ significantly from the daughters of not biased men in the overall level of emotional control.

[10] This thesis has a number of empirical confirmations. Studies of Coopersmith show that if children feel that parents treat them with care, respect and trust, then they begin to think of themselves as people worthy of trust, respect, while expecting such behaviour from other people (after Gałkowska, 1996). A. Combs and D. Snygg emphasize that the fact of future acceptance of other people in the child's environment affects gaining this acceptance from their parents. This means that the more a child feels accepted, the more it will possess a greater ability to accept others (after Siek, 1986, p. 299).

to behave according to age, urging him or her to behave in accordance with the pathological standards established in the dysfunctional family. Hence, this child may grow up feeling inferior to others and develop self-esteem dependent on the opinions of others.

Conway (1997, p. 91n) draws attention to the fact that children from dysfunctional families do not go through all of the stages characteristic in normal personality development[11]. Due to a lack of facilitation of proper development, these children do not acquire the basic skills necessary for proper functioning in life, which are: trust in others, autonomy of one's own boundaries, initiative, identity, closeness, productivity, and integrity.

The child from the dysfunctional family lives in the belief that he or she is worse than others, less loved, and less valuable (Kobiałka, Strzemieczny, 1988). Such children have few consistent experiences on which to build foundations, nor do they have parental models for shaping positive attitudes towards themselves, others, and the world. The manner in which the child is treated gives him or her a negative evaluation of itself. He or she does not feel important in its family due to the early understanding that the most important element in the household is the problem (alcohol), around which family life is centered. The child's issues and problems, and even the child him or herself, do no matter. For this reason, it is highly characteristic for these children to seeking out confirmation, that they are important, and that they have a right to live, to existence (see e.g. Ryś, 1998).

Research shows that people who were not loved by their parents in childhood showed no relevant educational attitudes, were not supportive or kind, and later contribute to far-reaching changes in the self-image of their own children. These children are characterized by low self-esteem, an awareness of the lack of basic needs, and have problems in establishing and maintaining close relationships with others (Ryś, 1992). Growing up, they continue to carry the burden of guilt and inadequacy, which makes it extremely difficult for them to build a positive self-image. As a result, lack of self-confidence and self-esteem may have a negative impact on every aspect of their lives (Forward, 1992).

Undervalued self-evaluation makes it difficult to acquire appreciation and respect for oneself, which is essential for normal functioning. Such a state implies a lack of satisfaction with oneself and lack of belief in oneself and one's abilities (Niebrzydowski, 1976).

[11] Conway (1997) refers here to the stages distinguished by Erikson.

In the case of an under-estimated self-assessment, a person assesses oneself far worse than it is justified, and cannot see any positive attributes or value in acts (Reykowski, 1982, p. 792). This person rejects information about his or her importance and impact on others, as well as any opinions or affirmation received from external sources contrary to the ingrained self-assessment, however opinions reconfirming deficiencies are quickly integrated, and serve to further deepen the sense of inadequacy (Jakubik, 1999, p. 177).

This person is more sensitive to criticism and the views expressed by others, he or she is not seeking to actively participate in group activities, and also has a tendency to isolate him or herself from society, thereby intensifying feelings of loneliness (Niebrzydowski, 1976, p. 50).

The consequences of under-assessment are felt very sharply later in life. A man with low self-esteem takes a defensive attitude, and has a chronic feeling that he cannot do anything well enough, and that he is worse than other people, he feels helpless and he does not try to take on activities (Kulas, 1986, p. 37), and in his activities a desire to avoid possible embarrassment associated with failure prevails, which in turn inhibits the spontaneity (Franken, 2005, p. 481).

A person with low self-esteem may have difficulties taking actions aimed at achieving an objective. The reason for this is the lack of involvement in the action due to lack of faith in the success of the project (Porębiak, 2005, p. 94).

Quite often, these people operate professionally at a level lower than their capabilities. This is even the case in people with uncommon intelligence.

According to Wojciszke (2003) self-assessment operates on the principle of a vicious circle. In comparison with individuals with high self-esteem, persons with low self-esteem perceive the social world and their chances in it less optimistically. This discourages them to make an effort, and this reduces the obtained results, leading to weakening, already low self-esteem.

People with low self-esteem feel insecure and apprehensive, and they more frequently avoid confrontation with each other than people with positive self-image (Kozielecki, 1986).

V. Satir (2000, p. 25) believes that people with low self-esteem place their big hopes in what they may expect from others, and at the same time they feel a strong fear, expecting disappointment in advance, and are not willing to bestow trust to people.

Low self-esteem makes it difficult for individuals to enter into a satisfactory relationships out of fear of opening oneself[12] (Collins, 2001).

Low self-assessment causes a person to assign oneself to lower capacities than those which are actually possessed. This person underestimates abilities, capabilities, and social attractiveness. These people assess the moral value of their actions lower and expect less from others than what is reasonable (Reykowski, 1982).

Underestimated self-assessment leads to a limitation of one's activities and, therefore, the achievement of much weaker results (after: Bielecki, 1986, p. 57).

In the case of people with unstable self-esteem, fluctuations of opinions of the environment have repercussions on the general well-being of the individual and are the cause of a constant „swing" in the thinking about themselves (Reykowski, 1970, p. 57).

3. Adult Children of Alcoholics (ACA)

Addiction to alcohol destroys the whole family. This devastating impact is seen in family members, even if for various reasons, the drinker is no longer with them. This is the kind of co-addiction of both the drinker's spouse and their children. A way of responding and behaviour that helped one to survive in one's childhood becomes established.. It is so deeply rooted in the psyche that - although it does not fit the new situation – it is still used as the learned way. Traces and memories from the past bring suffering and are causing trouble, and often even the inability to live a fulfilling adult life.

Therapists working with people who grew up in families with alcohol problems began to notice characteristics common for this group. Influence of parental alcoholism on their children was so strong that people brought up in families with alcohol problems were called Adult Children of Alcoholics (ACA)[13]. Simultaneously, this phenomenon started to be examined, as well as a special offer of

[12] The level of self-assessment determines the willingness of people to disclose information about themselves. People with high self-esteem are more likely to present their talents and skills, while those with low self-esteem, to present their altruism and socialization (Szmajke, 2001). Then it does have impact on the contacts and interpersonal relationships.

[13] Around 1976 in New York a few people, who have completed treatment in the Alateen group began to attend Al-Anon as adults. But they did not feel good in this group, so they created their own group, which they called „Hope for Adult Children of Alcoholics". Some of these people formed yet another group - „Generations". From this group, a group of Adult Children of Alcoholics was created.
In 1983 the U.S. established the National Association for Children of Alcoholics (Widera-Wysoczańska, 2003, p. 9).

assistance and therapy addressed specifically to this group of people was established in order to assist them in solving their specific problems (Dodzik, Kamecki, 1994, p. 109n).

3.1. Meaning of the term: Adult Children of Alcoholics (ACA)

Term Adult Children of Alcoholics (ACA) is used to describe people who come from dysfunctional alcoholic families[14]. Conway (1997, p. 32) states: „they are all outwardly grown-up men, but inwardly they feel like naughty young children".

ACA, as defined by A. Widera-Wysoczańska (2003, p. 9), is, a man from a family in which alcohol was a central issue. They were busy in their childhood struggling for 'survival'; in their adulthood they feel as if they had never been children.

Bradshaw (1988) claims that the main reason for becoming an adult child is awareness of being abandoned as a result of neglect by caregivers, the need to belong to someone, meeting of which is so important during development. There is a small child hidden inside ACA, who feels emptiness and lack of satisfaction, whose needs are not met, because they are needs of „a child hidden in the body of an adult."

First of all, the term Adult Children of Alcoholics focuses on the fact that someone grew up in an alcoholic family. However, it also indicates the awakening of self-awareness and a sense of belonging to a certain group, which involves freeing oneself from the burden or the stigma of being different, worse and lonely. It is then connected with various positive expectations of improvement of their fate (Mellibruda, 1997, p. 5).

The term an Adult Child of an Alcoholic assumes a dual identity, that is being chronologically an adult and a child at the same time. It is so because unsolved problems from childhood, and repressed, unhealed traumas the from the past influence one's adult life. This life is characterized by emotional and social immaturity. The Adult Child of an Alcoholic has personality traits which are a result of upbringing in a dysfunctional family. Such a person shows symptoms of disorders that are characteristic of the period of a childhood trauma. Since the primary source

[14] Ackerman (1987, 1989, 2000); Ackerman, Gondolf (1991); Krawczyk-Bocian (2005); Kucińska (2003); Whitfield (1987); Gondolf, Ackerman (1993); Windle, Searles (1990).

of stress exists no longer, such symptoms can be treated as post - traumatic reactions (Jona, 1997, p. 66).

Due to upbringing in a family with alcohol problems children of alcoholics become adults more quickly than normally. The term ACA suggests that these people did not pass successfully through stages of development which determine the maturity and adulthood (Miller, Tuchfeld, 1990, p.144).

Kucińska (2002a, p. 42) recognizes a significant problem of ACA: „When they were children, they had to grow up too soon. They are adults, but deep in their hearts they remain children".

3.2. The effects of roles performed in childhood in a family with alcohol problems

The roles performed by ACA result from adoption of certain attitudes towards risks which they experience in their life with an addicted and co-addicted parent. The latter focuses mainly on the obsessive and unsuccessful attempts to control drinking and behaviour of an alcoholic (Kłodecki, 2000, p. 181).

Feelings and emotions of the childhood in a home with alcohol problems do not allow ACA to free oneself from emotional connection with it, even if in their adulthood they leave their family home and are trying to live their own lives (Woititz, 1994, p. 43).

Roles which let them survive as a child hinder their functioning in the adulthood. However, it is not easy for them to get rid of them from their lives, because they were built in and became an integral part of the personality of the ACA (Robinson, 1998, p. 33-50).

Although the primary stressor disappears, they do not leave the role of *Family Hero, Jester, Puppet* or *Scapegoat*. It is so because these roles represent the core of their identity, which had no chance to shape up naturally, but was formed for the purposes of pathologically functioning family system[15] (Robinson, Rhoden, 2003, p. 53).

[15] Gaś (1994, p. 38) and Sztajner (1994, p. 7) have distinguished three roles of ACA. These include: The Dreamer, The Conformist, and The Cute Scamp. The Dreamer is a person with enormous aspirations, desires for success and needs for achievements. At the same time he is full of fears and visions of failure, anxiety and a sense of low value. He does not believe in the possibility of success of his plans and in his own strength. Ultimately, he does not pursue his desires and hopes, all that remains in the realm of dreams. The Conformist assesses properly the situation, opportunities, and expectations of others in relation to him. Since he attempts to adapt to them, he is preventing a confrontation and

Thus, grown-up *Family Heroes* often become workaholics. As they are used to perform a responsible role, they often have a successful career of their choice. However, since in the childhood in a family with alcohol problems an unwritten rule „do not say" was in force, these people have difficulties in establishing close interpersonal relationships or expressing their feelings towards another person. Often they also have problems with trusting other people. The *Family Heroes* may sometimes feel used by their family, especially by their younger siblings, towards whom they acted as overprotective "parents". In such a situation they may become embittered, begin to blame the fate and get angry at the thought that they had missed their childhood (see e.g. Robinson, 1998, p. 33-50). In adulthood the *Family Heroes* usually avoid alcohol, they do not know how to relax, play or be content with their achievements (Mellibruda, 1997, p. 7).

People who performed the role of *Scapegoat* experience permanent failures due to their self-destructive tendencies. Not knowing how to live agreeably with others they are often not adapted to living in the community. Often they also meet with disapproval, because they behave in a manner that is difficult to accept. As they are unable to keep ties with people, they usually become outsiders (Robinson, Rhoden, 2003, p. 58n). *Scapegoats* somehow remain in their former role – they evoke and provoke conflicts, become social outcasts suffering from loneliness and isolation from others. These people feel deeply bruised, frightened and full of anger (Robinson, 1998, p. 33-50). Research shows that these people - if not given the right aid –tend to break the law, disobey social rules and often become alcoholics (Mellibruda, 1997, p. 7).

Lost Children are people who often life live in isolation from others in their adulthood.

In many of them their childhood experiences developed lack of openness, excessive distance and taciturnity. They don't usually fight for their rights, so in their professional life they are often overlooked when it comes to promotion and pay rise. Also in the private lives *Lost Children* have difficulty in establishing close relationships. As they are timid and often feel lonely, they cannot open up being often unable to cope with problems (Robinson, Rhoden, 2003, p. 61). According to Mellibruda (1997, p. 7) these people somehow live outside all relationships.

presenting his needs. He resigns from himself and his own intentions. The Cute Scamp ignores his own needs and choices for obtaining the approval, acceptance, understanding and being liked by others. He lives for others, and thus he loses his own identity.

Lost Children still remain "lost people", not adapted to living with others, as well as to professional and social life. The tendency to isolate from the world learned in childhood makes them reclusive adults who prefer their own company (Robinson, 1998, p. 33-50).

People who play a role of the *Puppet* are often perceived as cheerful people who amuse others. However, deep inside they suffer from permanent sadness, anxiety and uncertainty. Although they seem to be happy and bring joy to others, in fact they feel frustrated and lonely. Performing the role of the *Jester* makes it difficult for many of them to establish closer and deeper relations (Robinson, Rhoden, 2003, p. 62n). Although they are likeable, they are not taken seriously. Also employers are often suspicious of jesters and not sure whether they can count on them. Generally speaking, these people find it difficult to cope with stress.

Puppets are not treated seriously as life partners (Robinson, 1998, p. 33-50).

According to C. Deutsch (1992) performing by a child of an alcoholic given roles helped one to survive in the alcoholic family and keep a kind of balance, but it did not result in any positive change neither in the life of family with alcohol problems, nor in the life of a child. In adulthood, people raised in dysfunctional families are still embroiled in stereotypes and patterns of behaviour, in the roles from their childhood, which have been assimilated in their daily routine and often became a way of functioning of the ACA.

3.3. Characteristic features of Adult Children of Alcoholics

Childhood spent in a home where one or both parents were alcoholics leaves a lasting mark on one's psyche and largely determines one's adult life (Woronowicz, 1993, p. 67).

The human psyche perpetuates from childhood a way to respond and deal[16], which then helped to survive. It is so deeply rooted (learned) that, although it does not fit the new situation, it is still used. Traces and memories of the past cause one pain, and everyday problems and may even result in one's inability to lead a satisfying adult life. The impact on children in families with parental alcoholism

[16] S. Forward (1992, p. 10) introduced the term „*Toxic Parents*", describing in this way parents who cause emotional and physical devastation of their children. Their children in their adult life are facing many difficulties and painful reminiscences of the past spent at home.

problem was so strong that a name Adult Children of Alcoholics (ACA)[17] was given to these adults. Studies began to investigate this phenomenon; also a special offer of assistance and therapy aimed specifically at this group of people was created.

The effect of growing up in a family with alcohol problems is Adult Children of Alcoholics (ACA) Syndrome first observed in the 80's (see e.g. Sobolewska, 1992; Woititz, 1994). Its isolation is associated with the activity of AA movement and above all with Anonymous Families of Alcoholics - Al-Aten. Their participants observed a similarity in their experiences, fears and inhibitions.

Children in alcoholic families develop an identity which is the source of dysfunction in their later life. This is so for two reasons. First of all, there is the lack of basis for forming self-esteem and so tendencies to create negative self-esteem. Secondly, it is because of inconsistency and distortion of self-image and blocking the development of identity by preventing experiences important to the identity from one's consciousness - supplanting fear, anger, and jealousy[18] (Kucińska, 2002b, p. 42).

Living in a family with alcohol problems can cause changes in one's self-perception, such as:

- impaired self-esteem, which depends on the evaluation and opinion of others;
- unclear picture of yourself *("I do not know who I am");*
- the tendency to manipulate yourself, treating yourself as an object, so not being driven by your own needs and feelings, but using yourself to win or to achieve something that mattered in the family;
- self-destructive tendencies, including the suicide attempts;
- disorders of the borders in the self-image, which means stiff or poorly marked
- boundaries of identity (Sobolewska, 1997).

Although the adult children of alcoholic families have many common features, there are also differences between them. Some of the ACA come from families, where drug addiction was thoroughly hidden; others grew up in the atmosphere of overt

[17] In 1983 there was established the National Association for Children of Alcoholics in the U.S (Widera-Wysoczańska, 2003, p. 9).

[18] When a child is attacked by the closest persons, that is their own parents, it is losing confidence in them, but even more in strangers and in the world in general. People experiencing aggression at home are becoming distrustful and suspicious. They are ascribing bad intentions to the whole environment, which results in outbursts of anger at times, a real sense of injustice, or just at times only evaluated by them as such. Behaviour and negative and hostile feelings appear then as a result of the slightest provocation (Łukaszewicz, 2002, p. 15).

drunkenness. Some grew up in poverty, others - in abundance, some grew up in broken families, others – in whole families. Some were physically or sexually abused, whereas others were surrounded by excessive care. Some of these people have become addicted to chemicals; others have never used alcohol or drugs (Cermak, Rutzky, 1998).

An attempt to systematize the characteristics of ACA made by therapists allows for separation of their experiences, attitudes towards both themselves and their loved ones, and different life situations.

Lowered self-esteem

ACA often have very low self-esteem no matter what competencies they have[19]. Some have learned such self-criticism from their rejecting and degrading parents, while others torment themselves, not realizing their own needs. In most cases, they are very surprised when they discover that such sharp self-criticism, which seems so natural to them, does not occur in others (Cermak, Rutzky, 1998). Often they had the feeling that life would have been better if they had not been there at all, and that what they thought and said was irrelevant (Woititz, 1994).

According to Bradshaw (1988), many of the ACA ruthlessly assess themselves. ACA are convinced that they are worse than others. As pointed out by Kucińska (1997, p. 18) sense of inferiority and incompetence occurs in these people not in a situation when they need to cope with something, but in contacts with other people. Several factors affect that: a negative self-image from their early childhood, lack of good experiences in close relationships with people and deficit in basic interpersonal skills such as talking, making close contacts, resolving conflicts or misunderstandings.

19 K. Goliński (2000, p. 408) draws attention to the different effects of negative experiences in childhood, depending on gender. For example, boys who witnessed violence against their mothers in childhood tend to use violence in relationships with women. However girls grow up in the sense of low-value of their own sex, which in the adult life may hinder the establishment of partnership relations with men and prevent them from defending themselves against possible aggression from their partner.
J. Mazur (2002, p. 127) draws attention to the fact that childhood trauma affected by aggression and brutality, makes men direct their aggression on others and women become victims of such aggression or make acts of self-harm. The author refers to the study of 200 men, which showed that those respondents, who were abused in childhood, were breaking the law more often, threatened to attack someone physically and actually took part in fighting. A small percentage of the respondents became persecutors - they were reperforming their own experiences from childhood and were attacking their own children.

Sometimes, persons raised in a dysfunctional family are struggling with low self-esteem behaving in a way that is perceived by others as aggressive, humiliating and superior. The environment usually reacts with rejection, which even more deepens the sense of isolation and low self-esteem of the person (see e.g. Forward, 1992).

Lack of sense of security

Insecurity is a consequence of rejection by parents in childhood. Unsatisfied need for security also causes severe anxiety, especially fear of rejection by other people (Sobolewska, 1992)[20]. Outside picture of adult children of alcoholics usually does not match their inner picture. These people are perceived by others as the ones that cope well with work and personal problems, but deep inside they are often full of anxiety, tension and sadness. They consider the world to be chaotic and full of dangerous occurrences, and treat the challenges they come across as nagging strain. They believe that no matter how hard they try they will never be able to cope with adversities. These beliefs are not changed even by real experiences, when they usually handle problems better than others (Kucińska, 1997, p. 17).

Lack of confidence in themselves and tendencies to confirm their value

Distorted self-image of ACA causes insecurity, uncertainty about their value and continuing need for achieving success in order to prove that they are worth something. ACA do not trust themselves. This quite often leads to the development of perfectionism, and hence the need to continually monitor themselves and the environment (Conway, 1997, p. 64-71).

Many ACA people have deep-rooted 'hunger for approval'. So they are constantly seeking confirmation of their advantages, opportunities and values (Woititz, 1994, p. 57-60). Bradshaw (1988) also draws attention to seeking approval by ACA.

[20] Particularly in people, who as children were witnesses and victims of aggression of their parents, multi-faceted personal injuries occur, concerning for example a sense of security, sense of life, lack of faith in themselves and in their success, loneliness, lack of self acceptance, an inability to love and feel empathy. Such persons have no plans and prospects in life, are not interested in their own futures; they are rooted in the experiences and wounds from childhood. They may have a tendency to become dependent, remain a child and to run away from reality in the world of fiction (Lulek, 2000, p. 44).

Lack of awareness of their needs

Many ACA people are not aware of their needs. They are often able to determine the needs and desires of persons from their closest environment e.g. their spouse, children, parents, in-law and friends, but they cannot recognize their own desires and needs.

ACA often expect that the environment will care more about them and show more approval, with no specific ideas on what kind of behaviour they wish or expect. Not having contact with their own desires and expectations they feel less approved than others. They want to change the situation without defining what change they expect.

Despite search for approval of others and fear of opinions of others about them, the ACA also often judge others or express sharp opinions about themselves. Satisfying many needs and desire of approval is very difficult due to their ignorance of their emotional needs (Woronowicz, 2001, p. 123n).

Emotional vulnerability

Emotional vulnerability relates to many people who have suffered harm in childhood. It manifests itself in a specific demonstration of emotional states, which becomes a "painful hypersensitivity". It is very easy to hurt feelings of such a person. They are very often emotionally aroused, because relatively weak stimuli are able to induce their emotional reactions. Constant background of diverse experiences of such a person is a painful irritation that causes the distortion of the quality of experienced emotional states. Such a person finds it difficult to experience feelings and sometimes their emotions may be blocked[21].

Lack of faith in being a loved person

In many of the ACA there is a lack of faith in the love of closest people and constant search for evidence for this love. Often, minor events, which are seen as unimportant by others, by ACA are interpreted as the lack of affection and rejection.

[21] As noted by A. Zając (1998, p. 178), child abuse has particularly negative impact on its emotional development. The immediate response to harmful behaviour is an increase in aggressiveness, low self-esteem, lability, inability to enter into interpersonal relationships, hostility to the environment, along with a strong commitment to carers. Many studies show that some children show definitely withdrawn attitude, reacting with depression, or even apathy, the need for isolation and with an increased anxiety, which leads to neurotic disorders.

Such attitudes are common for ACA regardless of their age, duration of marriage and the quality of the relationship. Since ACA are very often submissive, gentle, and benevolent, they experience great kindness of environment, but this does not affect the strengthening of their belief that they are loved by others (see e.g. Ryś, 1992).

Numbing

Adult children of alcoholics in their childhood often lived with a sense of rejection by parents, in chaos and the atmosphere of threat and tension. They were often victims and witnesses of domestic violence. They did not receive support from family and often they were not given the basic guidelines of the world order, because all their authorities were either shaken or ridiculed (Sobolewska, 1997, p. 15n). Situations experienced in childhood can lead to - as defined by Bradshaw (1988) - the mental paralysis and denial of feelings (see also: Woronowicz, 2001, p. 123n). In these persons it may lead to freezing of feelings, both in positive and negative sphere, which enhances the sense of loneliness.

The fear of experiencing and showing feelings

Suppression and blocking of feelings is quite a popular way with ACA of dealing with strong, intense feelings, especially negative ones. This method appears to be a habit learned in childhood, when there were no conditions and opportunities to express one's feelings. The child not being able to handle them - especially if they were strong and unpleasant - learned to minimize the associated pain. Abiding the rule „*Do not feel...*" was then an optimal solution (Woititz, 1994). Thus, fear of feelings is associated with deeply developed system of denials prevailing in alcoholic families. These people hid deeply their feelings already in childhood and as a result every emotional reaction, even positive one, causes anxiety and is perceived as a loss of control over feelings (Cermak, Rutzky, 1998, p. 21-28).

ACA in childhood were forced to hide their feelings, particularly anger and sadness. They had no conditions for their free expression. As a result of it some of them lost the ability to express feelings. Unencumbered expression of feelings induces in them anxiety and sense of danger. Fear of showing feelings can also be interpreted as a form of implementing the principle existing in alcoholic home".

The suffering caused by sadness and fear of threats

ACA are often overwhelmed by sadness not caused by any present event. They are prone to a depressed mood. It is a manifestation of unexpressed pain, which they suffered in their childhood, when they suffered many losses, both physical and psychological ones. Symptoms which occur in the ACA show sorrow existing in them (Cermak and Rutzky, 1998, p. 21-28). In addition to the suppressed and not fully expressed feeling of anger and rebellion against suffered injuries, the adult children from dysfunctional families are almost always experiencing feeling of sadness, grief and loneliness (Kucińska, 2002c, p. 47). Woititz (2003, p. 48) claims that most of adult children of alcoholics are in a state of chronic depression. When growing up adult children of alcoholics have the feeling of losing something. They have lost their childhood. This feeling of loss is a very painful and difficult experience for them (Woititz, 1994, p. 46-68). A sense of danger is experienced even when nothing serious happens (Sobolewska, 1992).

Fear of positive expectations

In the awareness of the ACA positive expectations seem to be closely related to the anticipation of experiencing failure. They learned from their childhood experience to protect themselves from the experience of disappointment, bitterness and sadness. In the past, promises given to them often were not kept, as well as their basic needs, expectations and hopes were not met. The tendency to fear positive expectations in some ACA is generalized and concerns expectations of any kind. Thus it works like a defence mechanism. ACA have the feeling that others must guess their expectations and penetrate thoughts (see e.g. Bradshaw, 1988; Sobolewska, 1992).

A sense of guilt while doing something for yourself

People raised in families with alcohol problems (especially women) often have a sense of guilt when they do something for themselves. This kind of feelings is conditioned by their particular position in the family home during childhood. The most important figure was then an alcoholic father and his problems. Child and its needs were on the edge of the interests of the family. Child and its things were not important (Woititz, 1994). This sense of guilt when they care about their own needs develops further into a life-long habit of sacrificing their own needs in the name of responsibility (Cermak, Rutzky, 1998, p. 21-28).

The tendency to adopt the attitude "always being a brave person"

Living in a family with alcohol problems brought a lot of suffering and humiliation that had to be endured. Often even the immediate surrounding (e.g. schoolmates, extended family) could not know about these sufferings. Hence, they try to be very brave and not to break down in the face of hardships and adversity (Woititz, 1994). Some of them do not even give themselves the right to experience moments of weakness. This feature applies mostly to external situations and difficult events, but ACA very often lack this courage when close relationships are breaking down or when they need to resolve conflicts with their loved ones.

Lack of self-satisfaction even in the case of obvious successes

ACA find it difficult to be satisfied with themselves, even in the case of obvious successes. These experiences are a sign of lack of self-worth, a continuous underestimation of themselves and their capabilities. During childhood, these persons did not acquire the skill to be satisfied with their achievements. Often their own achievements and successes were supposed to compensate for the deficit of positive experiences in their family life, but they did not cause any changes and did not lead to the expected results, thus did not give grounds for smugness (Sobolewska, 1992).

The tendencies to live one's life from the position of the „victim"

People raised in dysfunctional families in adulthood may treat their life as the life of the victim, who is not successful, has to suffer and does not deserve better fate. Their submissive behaviour and lack of assertiveness often provoke their closest persons to behaviour which is perceived as abuse and neglect. Thus, there is a vicious circle mechanism, which usually acts as a so-called prophecy of self-check.

Often the person him or herself causes continuous failures and makes an impression of the person injured by life. To some extent this is due to the tendency to feel inadequately guilty and to take on excessive responsibility (Woititz, 1994). ACA may perform the role of a victim and stay in it regardless of the circumstances (Cermak, Rutzky, 1998, p. 21-28, see also Bradshaw, 1988).

Fear of being discovered as "unattractive"

Many ACA are strongly convinced that they are unattractive regardless of their beauty or personality. At the bottom of this fear is probably their low self-esteem. Child of alcoholics was informed very often in childhood, either directly or indirectly, that it is the cause of family trouble, that it is not worth much and is unworthy of concern. It also experienced the lack of praise and approval. This created favourable conditions for them to believe that they lack advantages and positive features making them feel unattractive (Sobolewska, 1992, p. 11n). Woititz (2003, p. 33) draws attention to the fears of lack of attractiveness being discovered, which adult children from dysfunctional families are experiencing in relationships with others. These fears are accompanied by the conviction that if their partners have learned who they really are, they would not want to have anything to do with them.

Incorrect drawing of personal boundaries, inability to say "no"

Many people raised in dysfunctional families have difficulty being assertive. It particularly involves their inability to defend their rights and refuse assertively. ACA often do not know where their feelings end and where start the feelings of their relatives (Bradshaw, 1988). Low self-esteem is underlying this type of behaviour, which contributes to poor demarcation, both external and internal personal borders, which result is that adult children are prone to over-burdening themselves with excessive responsibility. When they are overworked, they „burn out" and then fall into a sense of guilt that they disappointed someone. They can be easily guided by people with strong personalities. They often do not know how to respect the boundaries of others. As they feel inferior and are perfectionists, they are trying to take control over the environment and make everything go perfectly (Conway, 1997, p. 71-79).

Many of the ACA do not have the skill to refuse not only their closest persons, but also their bosses at work and even subordinates or completely random people (e.g. begging, or cheating persons). These attitudes are caused not only by lowered self-esteem, but also by great desire for acceptance, that is "hunger for approval". For many of the ACA refusal is associated with lack of love, so they have difficulty to cope with any refusal by the environment and the necessity of their own refusal. This feature of ACA lead to the situation where the environment is exploiting them, burdening them with excess duties, both at home and at work. The reaction of the ACA is regret, sorrow and an increased sense of being exploited. But this feeling is

hidden deeply. Despite countless decisions to oppose the excessive burdening in the future, many of the ACA, not only do not refuse requests, but are proposing solutions unfavourable for them.

Lack of trust in others

Children of alcoholics (because of the conditions in which they are raised) acquire a lifelong conviction of the falsity, hypocrisy and the mendacity of people, including relatives. They also lose confidence in the world that fills them with fear and is seen as a threat (Pacewicz, 1994, p. 20n It is impossible to instil in child confidence in the world and people in the alcoholic's home. Forward (1992) believes that the major injury of ACA is distrust. It is the result of pain and suffering experienced by a child from people it loves. The question underlying this experiment is: *„if you cannot trust your own father, whom you can trust*?" (ibid. p. 64). As a result, in adulthood constantly recurring motifs of ACA's relationships are jealousy, possessiveness and suspicion. Child's basic needs, both physical and mental ones, often were not met in the family with alcohol problems. A child brought up in such a family learns in this way that trust in others is related to pain and suffering. The most appropriate attitude in this situation is lack of confidence, because in this way you can eliminate the feeling of disappointment. Alcoholic's child fighting for survival, slowly becomes convinced that it can rely only on itself. Consequently, *„do not trust* ... " is a valid principle of functioning in the family of an alcoholic, which the child brings in adulthood (Brown, 1988). Satir (2000, p. 25) believes that people with low self-esteem pin great hope in what they can expect from others, while feeling strong anxiety in advance expecting disappointment, and are not willing to trust people. Researchers and therapists also stress the fact that people who believe in God and at the same time are children of alcoholics have difficulty in adopting the concept of loving and caring God the Father (Sobolewska, 1992, p. 25-29).

A sense of loneliness

Adult children of alcoholics, who do not have confidence either in themselves or in others, have a strong need to keep distance from the surroundings, which results in a sense of loneliness and isolation. These people either intentionally avoid other people or enter into relationships with random people. A sense of lower value and incompetence appears in the ACA not in a situation where there is a need to cope with something, but in contacts with people. Both lack of positive experiences

in close relationships with people and deficit in basic interpersonal skills such as speaking, networking, conflict resolution contribute to this (Kucińska, 1997, p. 19). Due to fear of conflicts and constant search for approval they are losing their own identity. As a result they remain in the self-imposed isolation and continuous adaptation to others in order to avoid any friction (Cermak, Rutzky, 1998, p. 21-28).

Difficulties with the creation of close relationships

Adult children from dysfunctional families have many problems in relationships that they are trying to create. Jona (1997, p. 32) claims that one of the consequences of mental torpor, which is the experience of children of alcoholics, is the difficulty in experiencing intimacy in relationships with other people. Instead, there are feelings of loneliness, emptiness and emotional exhaustion. Fearing rejection adult children of alcoholics avoid others or enter into relationships with random people, with whom they do not have emotional ties. For most people from ACA population commitment to close emotional relationship links with the belief that it is something that will destroy them. Close bond with another human being seems to be something destructive, absorbing, something that deprives them of their autonomy. The prospect of a close emotional relationship induces in them a sense of danger. Fear of losing their own identity in close relationships is formed as a result of failure to provide by their parents in the appropriate period of development information enhancing a sense of identity in the child. In place of a healthy and independent identity, a false identity is created. Many of ACA could hardly establish new friendships and every new person that they meet is treated as a potential life partner.

Building up your own value on sacrificing for others

For ACA, sacrificing for others is the source of building up their self-esteem. However, the sacrifice is very often connected with a huge desire to control the person for which the ACA is sacrificing something. If the surroundings do not want to accept this sacrifice, or reject it as too cumbersome, intrusive or compelling, people raised in dysfunctional families are feeling personally rejected (see e.g. Field, 1997). The overly developed sense of responsibility - an exaggerated sensitivity to the needs of others, developed in order to respond as soon as possible to the needs of their drunk parents, makes their self-esteem be based on the satisfaction resulting from coping with difficult situations. This leads to the creation of the compulsion to be

perfect and to constantly make others happy (Cermak, Rutzky, 1998, p. 21-28). Many people raised in dysfunctional families are characterized by higher than average level of capacity for empathy. This is particularly true for those of them who in their childhood were responsible for the functioning of the family and the consequences of irresponsible behaviour of their parents, and who as children had to take care of their siblings (see e.g. Forward, 1992). While they're growing up, these people are hypersensitive; they worry about everything (often excessively). They may choose occupations that require sacrifice, but there are also people with low psychological resilience, and therefore they more frequently than others are experiencing the problem of so called "burnout".

The fear of conflict and exposure of anger

ACA react badly to personal criticism. They also fear authorities and anger expressed by others. They often prefer to withdraw even in a situation determination is needed to safeguard their rights. The causes of that must be sought in the characteristic atmosphere of their childhood, which was full of tension and aggression. These circumstances contribute to the formation of a tendency to avoid conflicts and propensity not to express anger and to suppress it. ACA make rationalization in place of experiencing and expressing anger- they try to explain and clarify everything. Unfortunately, it inevitably leads to depression (McConel, 1996, p. 76-77). Woititz (2003, p. 44n) points out that for adult children of alcoholics, anger is something very complex and incomprehensible, because in the past they learned to suppress it. They cannot experience it and are afraid of this feeling both in themselves and in others. They often interpret it mistakenly. They believe that if they are angry at someone, it means that they do not love that person and they feel bad about it.

Adult children of alcoholics who have experienced verbal or physical violence during conflicts between parents as adults are afraid of powerful and angry people, as well as of criticism. Normal firmness is mistakenly perceived by them anger (Cermak, Rutzky, 1998, p. 21-28). ACA are strongly experiencing any conflict in marriage and an argument for them is synonymous with separation. They do not believe that conflicts between spouses can be resolved. They treat a quarrel as a catastrophe heralding the end of their marriage. In conflicts, they either attack fearing that they will be attacked or withdraw (Jabłonski, 2005b, p. 20). A characteristic feature of the ACA is that they are very patient and able to stand

inappropriate behaviour of other people. Additionally, because of the accumulation of unexpressed grief and bitterness, they can „explode" in the least expected moment.

The tendency to lie in a situation where it would be easier to tell the truth

Some of the ACA have a tendency to lie automatically in certain situations. Clinical observations indicate that it concerns mainly statements describing perceived experiences and thoughts felt at that moment. There seems to be some disproportion between what they say and what they really wanted to say. A kind of falsification happens in the course of naming feelings and thoughts. This peculiar habit of not saying what they really think and feel seems to be a form of defensive behaviour. The tendency intensifies particularly in situations of insecurity. It is one from signs of principle of denying both the feelings and thoughts learned at the family home (Woititz, 1994, p. 40-46, see also Bradshaw, 1988). They often tell lies not to hurt anyone, but to protect either others from unpleasant information or themselves from scream or anger of their loved ones.

The fear of rejection

Clinical observations show that many ACA people are afraid to experience the pain of being abandoned by a close person. Fear of abandonment, when such an eventuality is likely, almost paralyzes ACA, thereby covering problems which should be addressed at the moment. This concern seems to stem from fear of experiencing the pain associated with the loss of a loved one or being abandoned by a loved one.

As a result, ACA tend to adopt behaviours aimed to maintain a relationship at all costs (often destructive to them), a tendency to idealize the relationship and a partner, or not to engage in relationships at all (Sobolewska, 1992, p. 5-10) in fear of abandonment (Cermak, Rutzky, 1998, p. 21-28). In adult children of alcoholics, as a result of experiences from childhood with alcohol, specific emotional responses and patterns of behaviour were formed. So, fear of rejection is a response to experiencing rejection in the past. It includes pain associated with the loss of a loved one, sense of lesser value, powerlessness and a lack of meaning in life. These feelings make these people hate themselves, which sometimes turns into desire of self-destruction. Fear of rejection sets the way in which adult children of alcoholics (ACA) are contacting with the environment. The attitude of these people is described

as "standing near the door", i.e. - not to be rejected, I will reject first. Sense of lower value makes adult children of alcoholics be ashamed of themselves, and perfect and avoidance behaviours are to help them to cope with this feeling (Sobolewska, 1992).

The fear of losing control

The unpredictability of the behaviour of parents and family events resulted in the formation in ACA needs of continuous monitoring of oneself and others (ibid.). Children in dysfunctional families, living in a constant chaos, continually attempt to control the situation. They become convinced that from the success of these attempts depend not only their own safety, but also the improvement of functioning of the whole family. The possibility of influencing the environment becomes very important for them. As a result, a strong need for continuous monitoring of themselves and others is produced in them (ibid., p. 15). For ACA, inability to exercise control over life is something that should be avoided at all cost. Lack of control arouses fear in them. Efforts to obtain in a variety of situations as much influence and control over themselves and their environment as possible are a form of increase of empowerment (McConnel, 1996, p. 98-102). These people strongly want to control feelings and behaviour, both their own and of other people. This is due to fear of worsening their life situation if they afford to lose control. In a situation where maintaining control becomes impossible, they experience severe anxiety, therefore their emotional life is restrained, contacts with others devoid of spontaneity, which in turn makes it impossible for them to achieve true intimacy (Bradshaw, 1988, see also: Cermak, Rutzky, 1998, p. 21-28).

Too severe reaction to unexpected changes

ACA often react in an inadequate way i.e. excessive way to changes which are not controlled by them, that is to the unexpected, sudden events and situations that are a surprise for them. This is probably due to attributed to ACA strong need for control, which gives them a sense of security (Bradshaw, 1988). Z. Sobolewska (1992) explains the origin of this type of anxiety by experiences of childhood, in which usually significant changes were bringing the deterioration of the situation.

Generalized sense of guilt

People from dysfunctional families were harmed in childhood. However, only part of them has the conscious sense of injustice. This is due to several reasons. First of all, in their dysfunctional families the denial „*nothing bad happens in our family*" was in force. Furthermore, in those who were abused as a child physically and mentally or who just saw the violence being a victim may be something very humiliating. Therefore, they had to remove from their consciousness the facts that they were once harmed. They often prefer to feel guilty than to feel victims, because they would have to accuse their own parents, and it is for them the barrier too difficult to overcome (Sobolewska, 1992, p. 22n). In their adult life a generalized guilt may occur. This sense of guilt is the cause of depressed mood and even of depression. According to Jona (1997), generalized sense of guilt is a defence mechanism frequently used by ACA. During childhood, the child needing the support of parents did not want to burden them with responsibility and guilt for what is happening in the alcoholic family - so the child blames itself. This sense of guilt remains also in adulthood. Adult children from alcoholic families feel guilty that they left home, they help their parents too little, or they feel guilty towards their new family for being too focused on generational family.

Lack of skills to realize their own aspirations

Low self-esteem may demotivate an individual and make him or her deal with problems related to activities aimed at achieving the target and act below his or her capacity (Porębiak, 2005, p. 94).

ACA also have difficulties in bringing commenced projects to the end. The cause for that may be, for example, lack of ability to distribute evenly their forces and investing all the energy at the very beginning, resulting in its rapid exhaustion and discouragement to further actions (Bradshaw, 1988, see also: Woititz, 1994, s. 38n).

Lack of ability to relax and have fun

Many of ACA are characterized by an inability to relax and have fun. They often face high level of stress, especially when they are aware of being watched by others. One of the conditions of spontaneous behaviour is the ability to relax. However, loss of control for ACA is something unacceptable. Such a prospect makes them feel threatened. However, spontaneity and a strong need for control are

mutually exclusive. Because of absence of ability to relax fun for the adult children of alcoholics is stressful, and over-developed self-control and expectation of „*an unpleasant event*" does not allow them to relax or be spontaneous (Cermak, Rutzky, 1998, p. 21-28, see also: Woititz, 1992, p. 97). Lack of capacity for a joyful fun often deepens a sense of otherness and being only an observer of the ongoing life.

Staying in relationships unfavourable for them

Pseudo-integration of dysfunctional family leads to the formation of attitudes enabling an adult child to stay in relationships unfavourable for them. It reinforces their negative self-esteem and maintains negative relations (e.g. Bradshaw, 1988).

ACA do not usually know what a successful relationship based on healthy relations looks like. With lowered self-esteem, inability to resolve conflicts, and determinate their own boundaries, they start relationships, in which they agree on ill-treatment and abuse. Even if this type of relationship lasts for a long time, these people often do not choose voluntarily to resign from it. If they take any actions to protect themselves, it is often because of pressure from their children or friends, and not from their inner conviction. Leaving a destructive relationship in which it is not possible to live any longer, often means beginning of a new pathological relationship with a person with abnormal personality (e.g. an alcoholic, a drug addict, etc.).

A tendency to remain in difficult situations longer than others with no consideration of personal costs

This characteristic is defined as a syndrome of „*the captain of a sinking ship*". ACA tend to remain in workplaces in which they have to accept disgraceful treatment. They also do not leave communities, which - if not for the ACA – should have fallen apart a long time ago, as well as in destructive relationships and systems. Therapists use here the symbolism of ruts, in which a person endures not seeing any possibility of change. The reasons for this situation are seen not only in their excessive loyalty, but also in difficult experiences from their childhood. In comparison with others, what is now objectively seen as a difficult situation, for ACA it is not even judged as negative. After such a „training" a tendency to remain in a difficult situation, regardless of personal costs, seems to be perfectly natural (Cermak, Rutzky, 1998).

The advantage of reaction over acting

Adult children of alcoholics living in long-term stress often pay more attention to the behaviour and attitudes of others than to their own actions (Cermak, Rutzky, 1998, p. 21-28). Hence, they are more likely to feel that their life is a 'satellite' and more a reflection of life of others than the realization of their own life scenario. Focusing on the problems of others, spending time worrying about things, recalling the behaviour of people from their environment, their words, the interpretation of gestures (often inaccurate) do not allow ACA to have enough time or energy to analyze their own behaviours (Bradshaw, 1988).

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The most beneficial for a person who grew up in a family with alcohol problems is to face the difficult past and heal the wounds in a therapy process or with the help of ACA groups. Frequently, Adult Children of Alcoholics require therapeutic assistance and it is worth for them to use it.

People who were raised in dysfunctional families require very often a long and painful therapy that enables them to regain contact with themselves, accept themselves and gain self-esteem. These traits constitute the basis for the ability to establish correct relations with others, to create relationships that lead to deep and authentic integration with others, maintaining and respecting at the same time one's individuality.

In an introduction to the Polish edition of the book by T. Cermak and J. Rutzky called „*A Time to Heal Workbook*" (1998), Jerzy Mellibruda writes about adult children of alcoholics: „*We cannot turn back the time and erase what we experienced in the childhood from our memories. We learned to cope ourselves and never seek help. We know that we can survive even in the worst conditions. We are used to living with the traces of the past events. But the art we mastered is costly and makes our lives difficult. Therefore, it is worth to know we are not doomed to be burdened by the past for the rest of our lives"* (p. VII).

It is possible for Adult Children of Alcoholics to change their lives. However, this is neither simple, nor short-lasting. Recovery requires integration of the notions of an „adult" and a „child" in the sense of „self". It becomes indispensable and essential to understand how the current problems in life are related to growing up in a family with alcohol problems (Cermak, Rutzky, 1998).

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